Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 1 of 11

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA - NORFOLK DIVISION

CHAPTER 13 PLAN AND RELATED MOTIONS

| Name of | Debtor(s) | James Davis, Jr. Joy A. Davis | ase No: 18-70563-I | -JS |
|--|--|---|--|--|
| This plan, | dated | February 23, 2018 , is: | | |
| | • | the just empter to plan the in this case. | | |
| | | Date and Time of Modified Plan Confirmation Hearing: | | |
| | | Place of Modified Plan Confirmation Hearing: | | |
| | T | he Plan provisions modified by this filing are: | | |
| | C | reditors affected by this modification are: | | |
| 1. Notices To Credit | | | | |
| confirmat Court. T Bankrupt The follov Debtors n | pose the p tion at lea he Banka tcy Rule : wing mat must chec | plan's treatment of your claim or any provision of this plan, you of ast 7 days before the date set for the hearing on confirmation, unless the confirmation of the plan without further notice if no observed to the standard proof of claim in other ters may be of particular importance. The confirmation of the plan includes each cluded" or if both boxes are checked, the provision will be ineffective. | ess otherwise order bjection to confirmates rder to be paid und such of the following | ed by the Bankruptcy ation is filed. See der any plan. |
| | | the amount of a secured claim, set out in Section 4.A which may partial payment or no payment at all to the secured creditor | □ Included | ■ Not included |
| B. A | voidance | | □ Included | ■ Not included |
| | | | □ Included | ■ Not included |
| | _ | of Plan. The debtor(s) propose to pay the Trustee the sum of \$_475.0 the Trustee are as follows: | 0 per month | for 60 months. |
| 7 | The total | amount to be paid into the Plan is \$28,500.00 | | |
| 3. P | Priority (| creditors. The Trustee shall pay allowed priority claims in full unless | the creditor agrees of | otherwise. |
| A | A. A | dministrative Claims under 11 U.S.C. § 1326. | | |
| | 1 | The Trustee will be paid the percentage fee fixed under 28 U.S. | C 8 586(e) not to | exceed 10% of all sums |

2.

received under the plan.

Check one box:

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 2 of 11

| ■ Debtor(s)' attorney has chosen to be comp | ensated pursuant to the "no-look" fe | e under Local Bar | kruptcy Rule 2016-1(C)(1)(a) |
|---|---------------------------------------|----------------------|--------------------------------|
| and (C)(3)(a) and will be paid \$ | , balance due of the total fee of \$_ | 5,223.00 cond | currently with or prior to the |
| payments to remaining creditors. | | | |

□ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.

B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

Creditor -NONE-

Type of Priority

Estimated Claim

Payment and Term

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

Creditor -NONE-

Type of Priority

Estimated Claim

Payment and Term

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
 - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

Creditor -NONE- Collateral

Purchase Date

Est. Debt Bal.

Replacement Value

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

Creditor -NONE-

Collateral Description

Estimated Value

Estimated Total Claim

C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

Creditor -NONE-

Collateral

Adeq. Protection Monthly Payment

To Be Paid By

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 3 of 11

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

| Creditor | <u>Collateral</u> | Approx. Bal. of Debt or | Interest Rate | Monthly Payment & |
|----------|-------------------|-------------------------|---------------|-------------------|
| | | "Crammed Down" Value | | Est. Term |
| -NONE- | | | | |

E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

5. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately <u>7</u>%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately **0**%.
- B. Separately classified unsecured claims.

| Creditor | Basis for Classification | Treatment |
|---------------------------|--------------------------|-----------|
| Navy Federal Credit Union | | Paid100% |
| Navy Federal Credit Union | | Paid100% |
| Navy Federal Credit Union | | Paid100% |

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

| Creditor | Collateral | Regular Contract_ | Estimated_ Arrearage | Arrearage Interest Rate | Estimated Cure Period | Monthly Arrearage |
|----------|--|-----------------------|-------------------------|----------------------------|-----------------------|----------------------|
| Ditech | 1052 Bland Street Norfolk, VA 23513 Norfolk City County Primary Residence | <u>Payment</u> 665.86 | 7,800.00 | 0% | 20months | Payment Prorata |

B. Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 4 of 11

 Creditor
 Collateral
 Regular Contract
 Estimated
 Interest Rate
 Monthly Payment on

 Payment
 Arrearage
 on
 Arrearage & Est. Term

 Arrearage

-NONE-

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u> <u>Collateral</u> <u>Interest Rate</u> <u>Estimated Claim</u> <u>Monthly Payment & Term</u>

7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.

A. Executory contracts and unexpired leases to be rejected. The debtor(s) reject the following executory contracts:

Creditor -NONE-

Type of Contract

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u> <u>Type of Contract</u> <u>Arrearage</u> <u>Monthly Payment for Estimated Cure Period</u> Arrears

-NONE-

- 8. Liens Which Debtor(s) Seek to Avoid.
 - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 5 of 11

the plan.

- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

 Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 12. Nonstandard Plan Provisions

| ■ None. If "None" is checked, the rest of Part 12 need not be comp | pleted or reproduced. |
|--|--|
| Dated: February 23, 2018 | |
| /s/ James Davis, Jr. | /s/ Christopher M. Baker VSB |
| James Davis, Jr. | Christopher M. Baker VSB 78259 |
| Debtor 1 | Debtors' Attorney |
| Int. Inv. A. Davin | |
| /s/ Joy A. Davis Joy A. Davis | |
| Debtor 2 | |
| By filing this document, the Attorney for Debtor(s) or Debtor(s) thems certify(ies) that the wording and order of the provisions in this Chapter Form Plan, other than any nonstandard provisions included in Part 12. | |
| Exhibits: Copy of Debtor(s)' Budget (Schedules I and J); Matrix of | Parties Served with Plan |
| Certificate of Service | |
| I certify that on February 23, 2018 , I mailed a copy of the foregoing to the Service List. | creditors and parties in interest on the attached |
| | /s/ Christopher M. Baker VSB |
| | Christopher M. Baker VSB 78259 |
| | Signature |
| | Convergence Center III 272 Bendix Road, Suite 330 Virginia Beach, VA 23452 |
| | Address |
| | (757) 313-3000 |
| | Telephone No. |
| CERTIFICATE OF SERVICE PURSUAN | T TO RULE 7004 |
| I hereby certify that on <u>February 23, 2018</u> true copies of the forgoing Chapfollowing creditor(s): | oter 13 Plan and Related Motions were served upon the |
| ☐ by first class mail in conformity with the requirements of Rule 7004(b), Fed. | R.Bankr.P.; or |
| □ by certified mail in conformity with the requirements of Rule 7004(h), Fed.R | .Bankr.P |
| | /s/ Christopher M. Baker VSB |
| D 5 | |

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 6 of 11

Christopher M. Baker VSB 78259

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 7 of 11

| Fill | n this information to identify your ca | ase: | | | | | | | | |
|-------------------------------|--|---|---|-----------|-------------------|-----------------------|---------------------|---------------------------|----------------------------------|-----------------|
| Deb | tor 1 James Davis | s, Jr. | | | _ | | | | | |
| | tor 2 Joy A. Davis | 3 | | | _ | | | | | |
| Unit | ed States Bankruptcy Court for the | : EASTERN DISTRICT DIVISION | OF VIRGINIA - NORFO | OLK | | | | | | |
| (If kn | ficial Form 1061 | omo | | | | 13 in | mende | nt showing s of the fo | g postpetition ollowing date: | · |
| Be a supp spou attac | s complete and accurate as possolying correct information. If you use. If you are separated and you the a separate sheet to this form. | sible. If two married peo are married and not filir r spouse is not filing wi | ng jointly, and your sp th you, do not include | ouse is | s livin natior | g with yo about yo | u, inclu our spo | de informuse. If mo | nation about ore space is | your needed, |
| Par | Describe Employment | | | | | | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | De | ebtor 2 | or non-fil | ling spouse | |
| | If you have more than one job, | | ☐ Employed | | | |] Emplo | yed | | |
| | attach a separate page with information about additional | Employment status | ■ Not employed | | | | Not en | nployed | | |
| | employers. | Occupation | Disabled | | | D | isable | t | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed ti | nere? | | | | | | | |
| Par | Give Details About Mor | nthly Income | | | | | | | | |
| | nate monthly income as of the da se unless you are separated. | ate you file this form. If y | you have nothing to rep | ort for a | any lin | ie, write \$0 |) in the | space. Inc | clude your no | n-filing |
| | u or your non-filing spouse have most space, attach a separate sheet to | | ombine the information f | or all e | mploy | ers for tha | ıt persor | n on the lir | nes below. If | you need |
| | | | | | F | For Debto | r 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, or | | | 2. | \$_ | | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$_ | | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$_ | 0. | 00_ | \$ | 0.00 | |

| Copy line 4 here 4. \$ 0.00 \$ 0.00 5. List all payroll deductions: 5a. Tax, Medicars, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Neequired repayments of retirement fund loans 5c. No.00 \$ 0.00 5c. Social security spears that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 5c. Social security 6c. Social security 6c. Social security spousal support, child support, maintenance, divorce settlement, and property settlement. 6c. Social security of the settlement of the support of the | | otor 1 otor 2 | James Davis, Jr. Joy A. Davis | - | (| Case | number (<i>if kı</i> | nown) | 18-705 | 63-FJS | | |
|---|-----|-----------------------|---|-----------|------------|----------|-----------------------|--------|--------|------------|---------|----------|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. S. 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. S. 0.00 \$ 0.00 5d. Nomestic support obligations 5g. Union dues 5g. Union dues 5g. Union dues 5g. Voluntary Contributions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8d. List all other income regularly received: 8a. Net income from retail property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly retirement. 8b. Interest and dividends 6c. Family support payments that you, a non-filling spouse, or a dependent include allmony, spousal support, child support, maintenance, divorce settlement, and properly settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 | | Cor | v line 4 here | 4. | | | | 0.00 | non-fi | iling spou | se | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social Security 5c. No.00 \$ 0.00 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Social Security 5c. Add the payroll deductions. Add lines 5a+5b+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+ | _ | - | * | | | - | | | · | | | |
| 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. 0.00 5c. Required repayments of retirement fund loans 5c. Insurance 5c. So. 0.00 5c. 0.00 5c. O.00 5c. | 5. | | • • | | | _ | | | | | | |
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| 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5g. Union dues 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. + \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. + \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 5h. Other income regularly receives 5h. Interest and dividends 5h. Victorial or each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 5h. Interest and dividends 5h. Interest and dividends 5h. Interest and dividends 5h. Victorial or each property and business expenses, and the total monthly net income. 5h. Interest and dividends 5h. Unemployment compensation 5h. Other government assistance that you, a non-filling spouse, or a dependent regularly receive linclude cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Number Assistance Program) or housing subsidies. 5h. Que receive, such as food stamps (benefits under the Supplemental Number Assistance Program) or housing subsidies. 5h. Other government assistance that you regularly receive linclude cash assistance Program) or housing subsidies. 5h. Other monthly income. Specify: 5h. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 5h. O.00 5h. Other government assistance that you is the subsidiance of the supplemental Number Assistance Program) or housing subsidies. 5h. Other government assistance that you credit the Supplemental Number Assistance Program) or housing subsidies. 5h. Other | | | · | | | · — | | | · — | | | |
| 5e. Insurance | | | | | | · — | | | · — | | | |
| 59. Union dues 59. 0.00 | | | , , | | | • — | | | · · | | | |
| 5g, \$ 0.00 \$ 0.00 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from ental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ 0. | | | | | | · — | | | · - | | | |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+6f+5g+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 9 0.00 \$ 0.00 8e. Social Security 8c. 9 0.00 \$ 0.00 8e. Social Security 8f. 0.00 \$ 0.00 8g. Pension or retirement income program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 \$ \$ 2,561.16 Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | | | • | | | \$_ | | | \$ | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increst and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemential Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 \$ 2,561.16 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include can line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Specify: 12. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 10. Combined monthly income. 11. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical | | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$_ | (| 0.00 | + \$ | 0 | .00 | |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 1,119.16 \$ 0.00 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | (| 0.00 | \$ | 0 | .00 | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8e. Social Security 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 1,157.00 \$ 285.00 8f. Other government assistance that you regularly receive Include cash assistance at the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. \$ 1,119.16 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 1,119.16 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | (| 0.00 | \$ | 0 | .00 | |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 285.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 1,119.16 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ** ** 0.00** 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? | 8. | | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 80 | a | - | | 2.00 | • | 0 | 00 | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 1,157.00 \$ 285.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 1,119.16 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,561.16 | | 8h | | | | · — | | | | | | |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 1,119.16 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | c . | \$ | (| 0.00 | \$ | 0 | .00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? | | | • • | | | • — | | | · · — | | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$2,276.16 \$285.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | | • | 86 | €. | \$_ | 1,157 | 7.00 | \$ | 285 | .00 | |
| 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,276.16 \$ 285.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No. | | ΟΙ. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | | · — | | | · · — | 0 | .00 | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{2,276.16}{\\$}\$\$ \frac{285.00}{\\$}\$\$ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{2,561.16}{\\$}\$ Combined monthly income No. | | - | | | | · — | | | · : —— | | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | 8h. | Other monthly income. Specify: | _ 8h _ | 1.+ | \$_ | (| 0.00 | + \$ | 0 | .00 | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | , | \$ | 2,276 | 6.16 | \$ | 28 | 5.00 | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2.276.16 | + \$ | 28 | 5.00 = \$ | . 2 | .561.16 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | _, | | | | | .,001110 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. 2,561.16 Combined monthly income No. | 11. | Incli othe Do i | ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | depe | | | | | | | | 0.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | 12. | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | | 12. \$ | 2 | 2,561.16 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | | | | | |
| | 13. | | · | ? | | | | | | mo | ntniy 1 | income |
| | | | | SSI | Н | nle | dges \$11 | 157 ta | warde | nlan fun | dina | |

| Debtor 1 Debtor 2 (Spouse, if filling) United States Bankruptcy Court for the: Debtor 2 An amended filing A supplement showing p 13 expenses as of the form | |
|---|------------------------------|
| Debtor 2 Joy A. Davis (Spouse, if filing) United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA - NORFOLK An amended filing A supplement showing p 13 expenses as of the fo | |
| Debtor 2 Joy A. Davis (Spouse, if filing) United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA - NORFOLK A supplement showing p 13 expenses as of the fo | |
| (Spouse, if filing) 13 expenses as of the fo United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA - NORFOLK MM / DD / YYYY | |
| | |
| | |
| Case number (If known) 18-70563-FJS | |
| Official Form 106J | |
| Schedule J: Your Expenses | 12/1 |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for sup information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your number (if known). Answer every question. Part 1: Describe Your Household | |
| Is this a joint case? | |
| ☐ No. Go to line 2. | |
| Yes. Does Debtor 2 live in a separate household? | |
| ■ No□ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. | |
| 2. Do you have dependents? ■ No | |
| | Does dependent ive with you? |
| 20 1101 01010 1110 | □ No |
| · · · · · · · · · · · · · · · · · · · | ⊒ Yes ⊒ No |
| | ⊐ No ⊐ Yes |
| - | □ No |
| | ☐ Yes |
| | □ No □ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? No □ Yes | - 103 |
| Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the applicable date. | |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) Your expenses | s |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ | 665.86 |
| If not included in line 4: | |
| 4a. Real estate taxes 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 4d. Homeowner's association or condominium dues 4d. \$ | 50.00 |
| 4d. Homeowner's association or condominium dues 4d. \$ 5. Additional mortgage payments for your residence, such as home equity loans 5. \$ | 0.00 |

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 10 of 11

| Debt | tor 1 | James D | Davis, Jr. | | | |
|------|-------------|-----------------|--|----------------|----------------|---------------------------------------|
| Debt | tor 2 | Joy A. D | Oavis Cartes Car | Case num | ber (if known) | 18-70563-FJS |
| _ | | | | | | |
| 6. | Utilit | | heat natival man | 0- | c | 222.22 |
| | 6a. | - | , heat, natural gas | 6a. | \$ | 200.00 |
| | 6b. | | wer, garbage collection | 6b. | \$ | 150.00 |
| | 6c. | • | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 240.00 |
| _ | 6d. | Other. Spe | • | 6d. | \$ | 0.00 |
| 7. | | | ekeeping supplies | 7. | \$ | 450.00 |
| 8. | - | | children's education costs | 8. | \$ | 0.00 |
| 9. | | - | Iry, and dry cleaning | 9. | \$ | 80.00 |
| | | | products and services | 10. | \$ | 50.00 |
| | | | ental expenses | 11. | \$ | 100.00 |
| 12. | | | Include gas, maintenance, bus or train fare. ar payments. | 12. | \$ | 100.00 |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Char | itable cont | tributions and religious donations | 14. | \$ | 0.00 |
| 15. | | rance. | acturance deducted from your pay or included in lines 4 or 20 | | | |
| | | Life insura | nsurance deducted from your pay or included in lines 4 or 20. | 15a. | c | 0.00 |
| | | Health ins | | 15a. 15b. | * | |
| | | | | | · | 0.00 |
| | | Vehicle in | | 15c. | \$ | 0.00 |
| 40 | | | urance. Specify: | 15d. | \$ | 0.00 |
| 16. | Spec | | nclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | | |
| | 17a. | Car paym | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. | Car paym | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. | Other. Spe | ecify: | 17c. | \$ | 0.00 |
| | 17d. | Other. Spe | ecify: | 17d. | \$ | 0.00 |
| 18. | Your | payments | of alimony, maintenance, and support that you did not report | as | | |
| | | | your pay on line 5, Schedule I, Your Income (Official Form 106I |) . 18. | \$ | 0.00 |
| 19. | Othe | r payments | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | , | | 19. | | |
| 20. | | | perty expenses not included in lines 4 or 5 of this form or on Sc | | | |
| | | | s on other property | 20a. | · - | 0.00 |
| | | Real estat | | 20b. | | 0.00 |
| | | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | 20e. | Homeown | ner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | r: Specify: | | 21. | +\$ | 0.00 |
| 22. | Calc | ulate your | monthly expenses | | | |
| | 22a. | Add lines 4 | through 21. | | \$ | 2,085.86 |
| | 22b. | Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | · · · · · · · · · · · · · · · · · · · |
| | | | a and 22b. The result is your monthly expenses. | | \$ | 2,085.86 |
| | | | , , , | | | 2,000.00 |
| 23. | | - | monthly net income. | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | | 2,561.16 |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 2,085.86 |
| | 23c. | Subtract y | our monthly expenses from your monthly income. | | | 475.00 |
| | | | t is your monthly net income. | 23c. | \$ | 475.30 |
| 24. | Do v | ou expect : | an increase or decrease in your expenses within the year after | vou file this | form? | |
| | For ex | xample, do yo | ou expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | ease or decrease because of a |
| | ■ No | | | | | |
| | | | Explain here: | | | |
| | □ 16 | ∪ ∂. | LAPIGITI HEIE. | | | |

Case 18-70563-FJS Doc 5 Filed 02/23/18 Entered 02/23/18 08:55:41 Desc Main Document Page 11 of 11

Office of the U.S. Trustee 200 Granby Street Suite 625 Norfolk, VA 23510 Document ALG Trustee, LLC c/o Orlans PC P.O. Box 2548 Leesburg, VA 20177

Amerimark Premier P.O. Box 2845 Monroe, WI 53566

Comenity Bank P.O. Box 183043 Columbus, OH 43218-3043 Comenity Bank/Catherines P.O. Box 183043 Columbus, OH 43218-3003 Credit Control Corporation 11821 Rock Landing Drive Newport News, VA 23606

Ditech PO Box 6172 Rapid City, SD 57709-6172 Jefferson Capital Systems LLC P.O. Box 7999 Saint Cloud, MN 56302 LVNV Funding, LLC P.O. Box 10584 Greenville, SC 29603-0584

Macy's/DSNB P.O. Box 8053 Mason, OH 45040 Medical Center Radiologists P.O. Box 37 Indianapolis, IN 46206 Navy Federal Credit Union 820 Follin Lane SE Vienna, VA 22180

Portfolio Recovery Assoc. 120 Corporate Blvd. Norfolk, VA 23502 Sentara Leigh Hospital 830 Kempsville Rd Norfolk, VA 23502 Seventh Avenue 1112 7th Avenue Monroe, WI 53566-1364

United Consumer Financial Svc. P.O. Box 856290 Louisville, KY 40285-6290 WEBBANK/Fingerhut P.O. Box 1250 Saint Cloud, MN 56395-1250